

U.S. Department of Education  
Office of Safe and Drug-Free Schools  
Emergency Response and Crisis Management  
FY 2004 Grantees Meeting  
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## **School Crisis Recovery**

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# **The Objective of the Recovery Phase: Restore the Learning Environment**

- Re-establish a sense of emotional safety
- Return the school to calm routine/schedule
- Assist with coping and understanding of reactions to danger and traumatic stress
- Support the emotional stabilization of teachers and parents

# Planning for Recovery

- Pre-planning for recovery needs
- Short-term recovery
- Long-term recovery

# **Pre-Planning for Recovery**

- Identify and pre-screen service providers
- Develop template letters
- Training for school staff

# **Who Should be Involved in the Recovery Pre-planning Process?**

- School psychologist
- School counselor
- School nurse
- Psychiatric social worker
- Custodian
- Welfare and attendance counselor
- School resource officer
- Administrators
- Secretaries
- Other support staff

# Create Community Partnerships

- Community mental health agencies – public and private non-profit
- Mayor's office
- Police department
- Victim's assistance
- Emergency services

# **Desirable Qualities for Service Providers**

A sense of responsibility beyond routine

- Ability to establish rapport quickly
- Ability to listen to difficult feelings and experiences of others
- Clear about feelings, thoughts, biases
- Maintain confidentiality
- Aware of limitations
- Aware of the need for self care

# How Does a School Begin to Recover?

**It begins with student and  
teacher perceptions of  
renewed security**



# Short-term Recovery

- Provide accurate information
- Triage and assess
- Make individual and group crisis counseling available during the first week after a crisis event
- Return to the business of learning
- Support immediate emotional recovery – staff and students
- Re-establish a sense of safety
- Follow-Up – be aware of secondary adversities

# Trauma Interferes with a sense of Safety

## Understanding TRAUMA

- Trauma is an acute stress response that one experiences when confronted with **sudden, unexpected, unusual human experience.**
- Trauma occurs because the event **poses a serious threat to the individual's life** or physical integrity, to the life of a family member or close friend, or to one's surrounding environment.
- Individuals who may have witnessed the event are also at risk to develop a trauma stress response.

# **Rationale/Need for Recovery Services**

## **Trauma Creates Barriers to Learning**

- Physical changes
- Emotional changes
- Cognitive changes
- Behavioral changes
- Spiritual changes



# Symptoms of Traumatic Stress

- Difficulty concentrating
- Difficulty sleeping or staying asleep
- Recurring traumatic images
- Hypervigilance
- Fear of recurrence
- Avoidance of, and reactions to, traumatic reminders

# Action Steps: Immediately After the Crisis

- **Prepare for 3 levels of intervention**
  - **Tier 1 – General School-Based Interventions**  
Psychoeducation, triage and assessment  
Supportive environment
  - **Tier 2 – School-Based Interventions**  
Trauma and grief - focused counseling  
Short-term group or individual counseling
  - **Tier 3 – Specialized Community-Based Interventions**  
Referral to on or off-site MH services

**How do you determine exposure?**

**TRIAGE**

Physical proximity

Emotional proximity

Similar previous experience

Fragile personality

History of emotional disturbance

# **Writing a Triage Letter**

## **Suggested Questions**

- Where were you when the incident occurred?
- If you did not see what happened, what were you told? Do you have any questions about what happened?
- What is the most difficult part of this experience for you?
- Do you or your friends have disturbing thoughts about the incident, can't eat or sleep, or have thoughts about harming yourself?

# Evaluating Your Efforts

## Desirable Outcomes of Crisis Interventions

- Monitor Average Daily Attendance (ADA)
  - Station a crisis counselor in the attendance office
- Evaluate returned triage letters for risk
- Monitor office referrals
- Maintain academic achievement
  - Look at grades and standardized tests
- Monitor expulsions/suspensions/risk taking behaviors

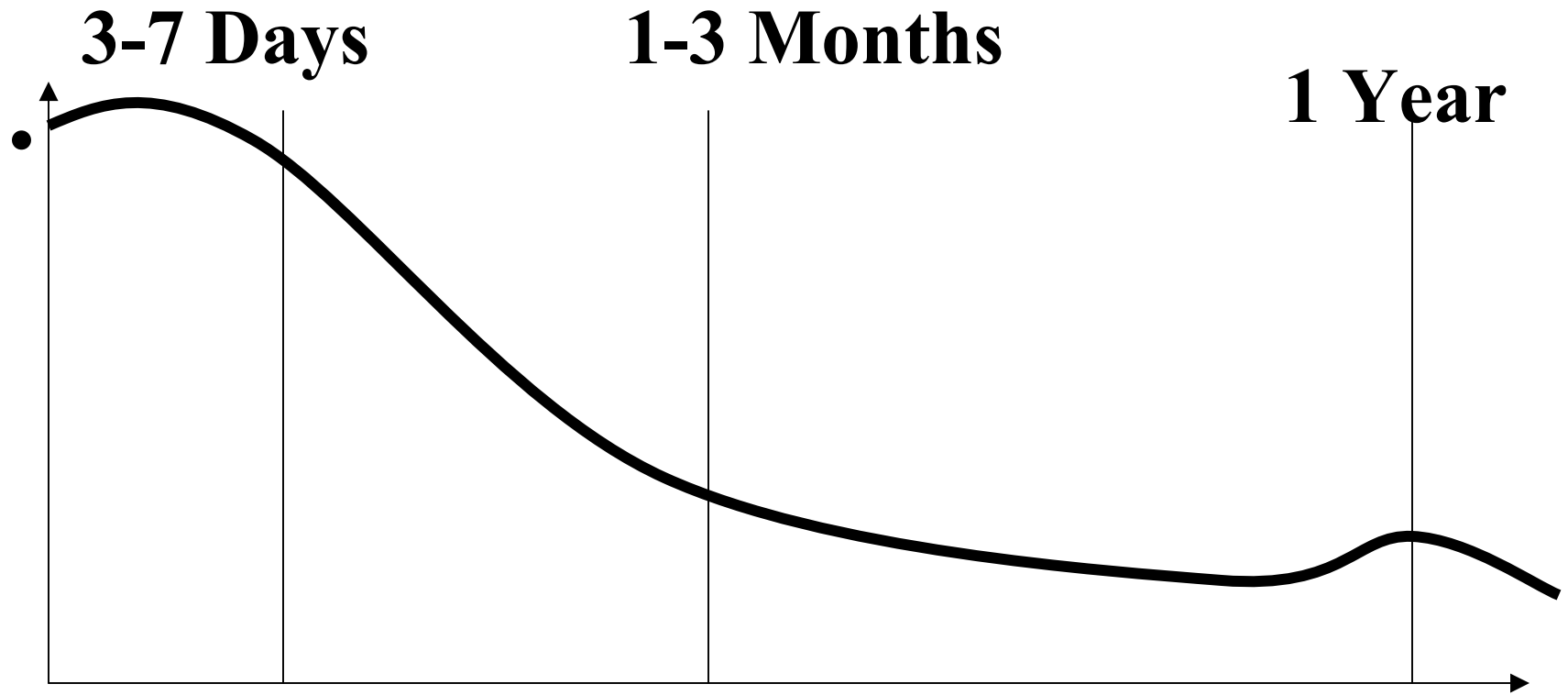


**Understanding the  
Components of Long-Term  
Recovery  
From Recent Data and Lessons  
Learned**

# Long-term Recovery

- Be aware of need for long-term monitoring of Posttraumatic Stress Disorder (PTSD)
- Prepare for anniversaries
- Take as much time as needed for recovery

# Students with significant post-traumatic stress symptoms after an event



# **Three Broad Categories of PTSD Response**

Symptoms must be present for **at least 1 month** and must cause significant distress or **impairment in functioning**

- **Re-experiencing**
- **Avoidance/numbing**
- **Increased arousal**

# Three Broad Categories of PTSD Response

- **Re-experiencing:** Recurrent, intrusive, distressing memories of the event; repetitive (traumatic themes) play, trauma dreams or nightmares; acting or feeling as if the trauma were recurring; distress at exposure to traumatic symbolic reminders; and physiological reactions to exposure to those cues and reminders

# Three Broad Categories of PTSD Response

- **Avoidance:** Efforts to avoid thoughts, feelings or conversations associated with the trauma; avoid reminders of the trauma; amnesia for important aspects of the trauma
- **Numbing:** Diminished interest or participation in normal activities; feeling detached or estranged from others; restricted affective (emotional) range; and a sense of a foreshortened future (e.g., believing one will not live a normal life span)

# Three Broad Categories of PTSD Response

- **Increased Arousal:** Sleep difficulties, irritability; angry outbursts; difficulty concentrating; hypervigilance; exaggerated startle response

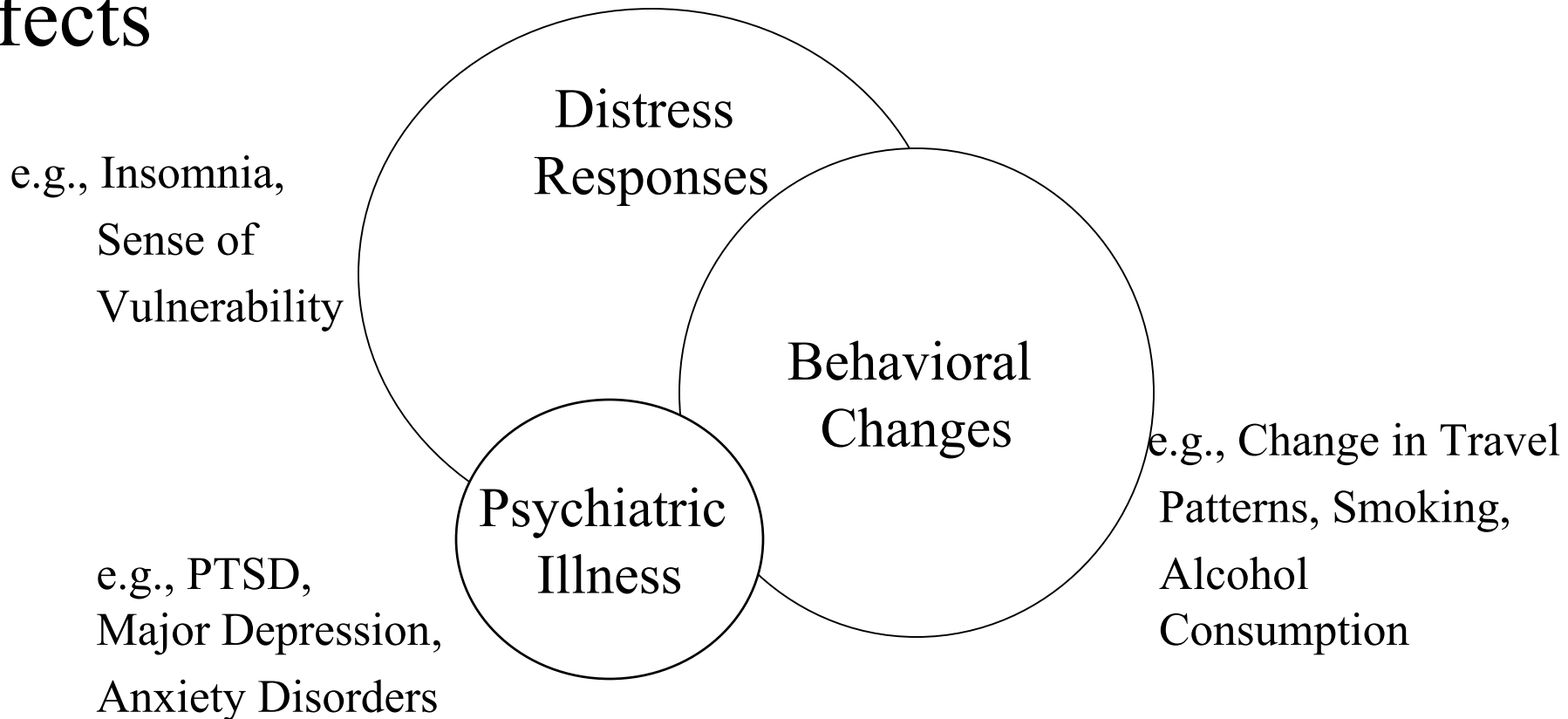
# Fear of reoccurrence/Separation anxiety General Anxiety/Regressive behaviors

- Physical complaints
- Wanting to be alone/withdrawal
- Anger/irritability/crying uncontrollably
- Lack of concentration
- Misbehavior at school
- Sleeping in the classroom
- Eating problems
- Use of drugs or alcohol
- Feelings of helplessness



# Institute of Medicine Report - *Preparing for the Psychological Consequences of Terrorism*

Range of emotional, behavioral, and cognitive effects

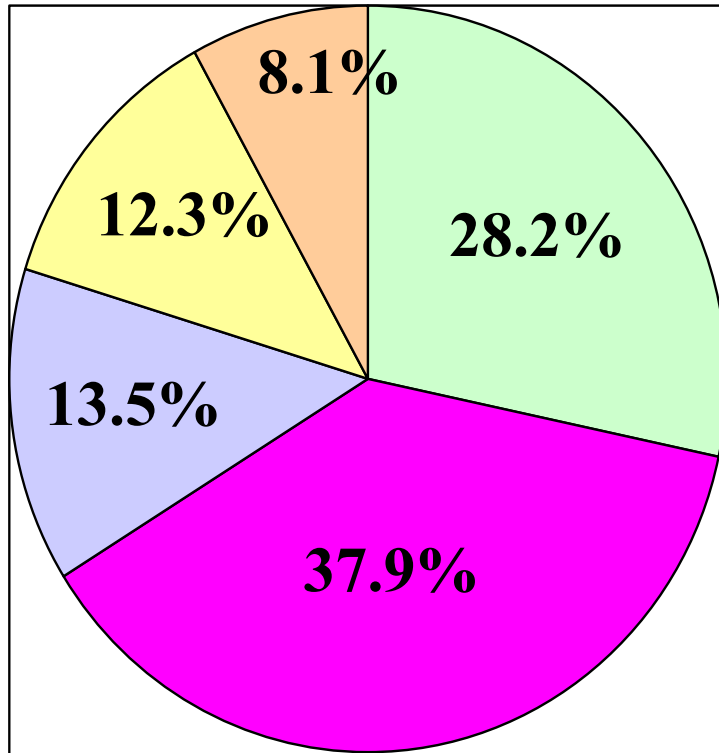


**Preliminary Report to the  
Board of Education**

*On the World Trade Center  
Attack on  
NYC Public School Students*

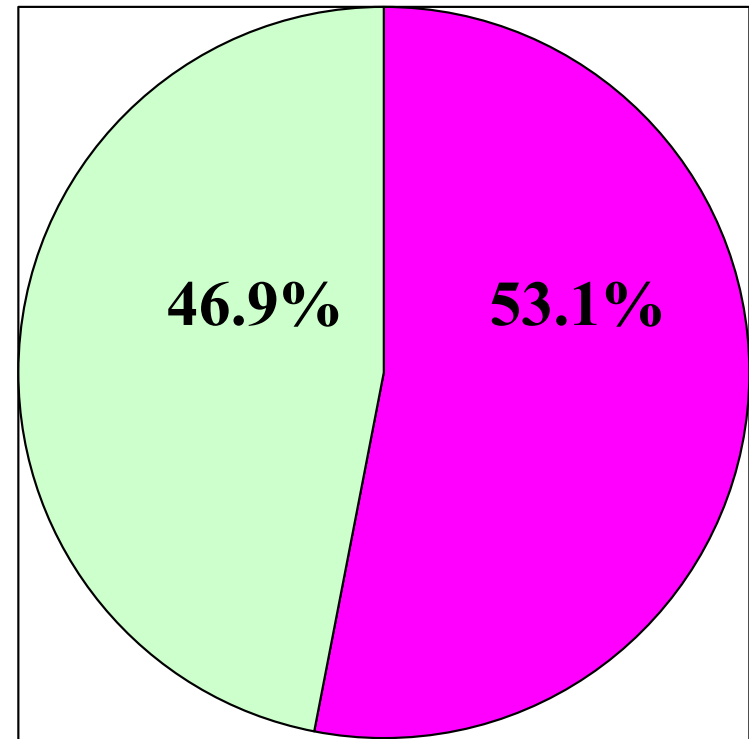
# Gender and Ethnicity of NYC School Survey Participants Grades 4-12 (N = 8,266)

## Ethnicity



<span style="color: #90EE90;">■</span> African-American	<span style="color: #FF00FF;">■</span> Hispanic
<span style="color: #ADD8E6;">■</span> White	<span style="color: #FFFF00;">■</span> Asian
<span style="color: #FFA500;">■</span> Other/Mixed	

## Gender



<span style="color: #FF00FF;">■</span> Female	<span style="color: #90EE90;">■</span> Male
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**Numbers of NYC Students in Grades 4-12  
Estimated to Have a Probable Disorder with Impairment  
6 Months After the 9/11 Attack**

<b>Disorder</b>	<b>Rate</b>	<b>Estimated#of Students</b>
<b>PTSD</b>	<b>10.5</b>	<b>75,176</b>
<b>Major Depression</b>	<b>8.4</b>	<b>60,141</b>
<b>Generalized Anxiety</b>	<b>10.3</b>	<b>73,744</b>
<b>Separation Anxiety</b>	<b>12.3</b>	<b>88,064</b>
<b>Conduct Disorder</b>	<b>10.9</b>	<b>78,040</b>
<b>Panic Disorder</b>	<b>9.3</b>	<b>66,585</b>
<b>Agoraphobia</b>	<b>15.0</b>	<b>107.395</b>
<b>Any of the Above Disorders</b>	<b>26.5</b>	<b>189,731</b>

# **Link between Violence Exposure and Chronic PTSD with:**

- Substance abuse
- Reckless behavior
- High-risk sexual behavior
- Gang participation
- Disturbances in academic functioning

(Kilpatrick, Saunders & Resick, 1998)

# Violence and Trauma affects School Performance

Children with life threatening violence exposure

- Lower GPA
- More negative comments in permanent record
- More absences

Children with depression and Posttraumatic Stress Disorder

- Even lower GPA
- More absences

# **Schools are Human Systems**

- Is it an open or closed “Family System”?
- How did it deal with human problems and conflicts?
- How is it affected by trauma?
- What is the message of leadership?

Letters to parents

Communication with students

- How quickly can it convert to Emergency Operations?

# **Dr. Pamela Cantor, Children's Mental Health Alliance, New York**

“The shock, trauma and complexity of our societies don't permit the establishment of working alliances within 60 days. This was the most significant limiting factor in mobilizing an effective response in New York...schools and communities (must) know that collaborative relationships need to be forged, meetings held, and procedures developed well before an event occurs and the immediate phase begins.”



# Dr. Mary Courtney, New York University

“It has been my experience that people typically fall back on the most familiar, over-learned, conceptual framework at times of stress and ambiguity. After 9/11, for example, most educators were primarily concerned with getting the educational process back on track, preferring to focus only on preset roles/structures, and freely admitting that they felt too overwhelmed to enter the unfamiliar territory of mental health. Safety officers tightened safety enforcement and did not feel able to address the mental health repercussions of either the disaster or their response to the disaster. Because of this completely human response to crises, it is necessary to build the mental health response system and the network of relationships that support it before any crisis occurs. ”

Traumatic stress  
affects both  
victims and  
caregivers.

# **Compassion Fatigue**

**“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”**

**“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”**

**Charles R. Figley, Ph.D.**

# **From the Field of Brain Research**

In order for children to learn...

- Eliminate threat from the environment
- Eliminate threat from children's hearts and minds
- Enrich the learning environment

# **Sometimes a Crisis Becomes an Opportunity to Make Things Better**

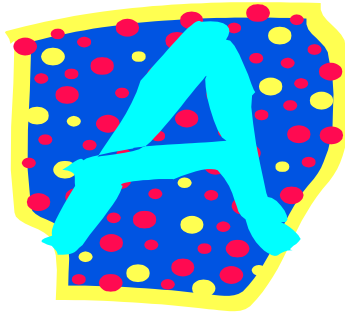
- What kinds of program and services could address some of the long term issues?
- Who are the community partners, including service agencies, faith based, and self-help groups who might be able to support kids?
- What kinds of in-school programs and curricula could be enhanced to teach coping and problem solving skills to students?



## Assessment Question

As you think about the kinds of crises  
you've had to face...

- What are “next steps” you can take to establish your school’s crisis response system? What kind of help, support or training would help you right now?



THANK YOU FOR YOUR WORK  
IN SCHOOLS AND FOR BEING  
HERE TODAY

